MICHIGAN ACADEMY OF FAMILY PHYSICIANS

Testimony before the Senate Health Policy Committee
Senate Bill 68
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Good afternoon Chairman Shirkey and Members of the Senate Health Policy Committee. This testimony is being submitted today on behalf of the Michigan Academy of Family Physicians, the state's largest physician specialty association. Representing almost 80 percent of practicing Family Physicians in Michigan, the Academy's mission is to promote excellence in health care and the betterment of the health of the citizens of Michigan. We respectfully oppose Senate Bill 68 as we do not believe the bill, as introduced, is in the best interest of Michigan citizens. We wish to qualify our opposition, sharing some of the ways we believe the Academy's concerns could be addressed.

We want to be clear: we view the increasing variety of situations in which advanced practice registered nurses (APRN) are utilized as a strong positive, and support *appropriately* defining their scope and licensure in the Public Health Code. We agree with health policymakers who see utilization of APRNs as a mechanism to improve the availability of health care services through the effective use of teams. However, contrary to some of the remarks we have heard in testimony thus far, the bill would, in practice, expand the scope of practice of APRNs, allowing them to perform critical acts and functions *independent* of a physician.

To start, we believe the *unrestricted prescriptive authority* granted to APRNs under this bill, demands further vetting from lawmakers. It is true today that APRNs are able to prescribe unscheduled drugs and some controlled substances without strict physician oversight. We are certainly not advocating for their scope to be defined more restrictively in this regard. However, with respect to Schedule II and III drugs, which include such highly addictive

substances as cocaine, methamphetamine, methadone, hydromorphone, meperidine, oxycodone, fentanyl, Dexedrine, Adderall, Ritalin and Vicodin, we feel strongly that in the interest of patient safety and public health, prescribing privileges pertaining to these drug classes require an established relationship with a physician. 32 states require physician involvement in prescribing, and of the states with more relaxed requirements, some, like Utah, still require physician consultation for Schedule II-III drugs[1]. In his State of the State address, Governor Snyder highlighted the curbing of prescription drug abuse as a key goal for his administration. We would argue that opening up unrestricted prescribing privileges to an entirely new population runs directly counter to that goal.

Another assertion that is often made in the context of SB 68, like SB 2 before it, is that it will help alleviate pressures related to access to care, in light of a perceived physician shortage. We certainly share the goal of increasing access to health care, particularly primary care, but we believe that the trends underlying the physician shortage paint a more complex picture. What is not fully addressed in many of the projections surrounding physician shortages is the *distribution* of providers. According to the Robert Graham Center, "The United States is facing a primary care physician shortage, but the most pressing problem is uneven distribution, particularly in poor and rural communities."[2] When we debate the means of addressing shortages in the context of rural and underserved areas, we have data that suggest this bill will do nothing to get us closer to achieving these goals. Advanced practice nurses in states with independent practice are no more likely to practice in these areas as are physicians. For example, independent practice for nurse practitioners has been a fixture in the state of Maine for nearly two decades and yet, the state is below the

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[1] The Kaiser Family Foundation State Health Facts. Data source: *The 2012 Pearson Report*, The American Journal for Nurse Practitioners, NP Communications LLC. Retrieved from: http://kff.org/other/state-indicator/nurse-practitioner-autonomy/#note-5

[2] Petterson, Steven M. (2013). Unequal Distribution of the U.S. Primary Care Workforce. *American Family Physician, Volume* 87 (11), Retrieved from: http://www.graham-center.org/online/etc/medialib/graham/documents/publications/june-one-page.Par.0001.File.dat/jun_1_graham.pdf

national average in meeting the primary care needs of underserved areas.[3] Underpinning this trend is our country's reliance on market forces to distribute the workforce equitably. Nurse practitioners, like physicians and other health care providers, are more likely to migrate to the highly concentrated population centers where there is typically more opportunity for higher compensation, a certain lifestyle, etc. To address this issue, we need to consider leveraging existing tools and incentive programs, like the primary care loan repayment program; reforming the way we fund Graduate Medical Education; rethinking the way we recruit and educate aspiring physicians in our medical schools; and improving coordination and communication across the continuum of care through the use of provider teams. These are just some of the ways we could comprehensively increase patient access to care regardless of demographics or geographic location.

MAFP maintains the position that defining the scope of APRNs and codifying current practices of team-based care will still allow nurse practitioners to practice at the top of their licensure. Ultimately, this approach will bring us closer to a solution that achieves our objectives while taking into account what is in the best interests of the patients we serve.

We appreciate the opportunity we have had to work with the sponsor to address our concerns mentioned today, and we hope to continue these discussions going forward.

Thank you for your thoughtful consideration of our testimony. We are happy to answer any questions you may have.

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[3] The Kaiser Family Foundation State Health Facts. Data source: Bureau of Clinician Recruitment and Service, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, HRSA Data Warehouse: Designated Health Professional Shortage Areas Statistics, as of April 28, 2014. Retrieved from: http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/